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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/268,471 02/14/2001  
 and claims benefit of 60/268,472 02/14/2001  
 and claims benefit of 60/268,478 02/14/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **\*\* SMALL ENTITY \*\***  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NC	SHEETS DRAWING 21	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature: <i>[Signature]</i> Initials:				

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TITLE

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